

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-031693

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

985

Primary Registration District No.

3099

Registrar's No.

120

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED AUG 28 1962

1. PLACE OF DEATH

a. COUNTY

LINN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

MARCELINE

Length of stay in 1b

8 YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

BUNTON REST HOME

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

CHARITON

c. CITY

OR TOWN

BRUNSWICK

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

109 E. BROADWAY

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

LENNIE

C

CALVERT

4. DATE OF DEATH

Month

Day

Year

AUG 17

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

6-22-1898

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMING

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

TRIPLETT, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

LEONARD CALVERT

13b. MOTHER'S MAIDEN NAME

LILLIE MARKER

14. NAME OF HUSBAND OR WIFE

SYLVIA CALVERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

8 Mrs Sylvia Calvert, Brunswick Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

2-3 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Artery

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Severe Parkinsonism, Acute Psychosis, Contractions of Both legs and arms

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1955 to 1962 and last saw him alive on 7-30-62

Death occurred at 2:00 PM - AUG 17, 1962 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

George J. Jones

(Degree or title)

22b. ADDRESS

Marceline Missouri

22c. DATE SIGNED

8-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

AUG 19 1962

23c. NAME OF CEMETERY OR CREMATORY

MC CULLOUGH

23d. LOCATION (City, town, or county)

TRIPLETT MISSOURI

(State)

24. FUNERAL DIRECTOR

HEISEL & KOCH F.H., BRUNSWICK, MO.

ADDRESS

25. DATE RECD. BY LOCAL REG.

8-22-62

26. REGISTRAR'S SIGNATURE

C. W. Watson

(Licensed Embalmer's Statement on Reverse Side)

SEP 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William R. Koch

Licensed Embalmer No. 4751

P. O. Address Brunswick, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.